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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | _ | |
|---|---|------------------|----------------|---------------|--------------------|--------------------------------------|-------------------|---|--|
| | JOHNSON, RON, HAROLD, N | | | | | 100 111 11 | 40 c N | | |
| | (b) Address (number and street) 2201 E. ENTERPRISE AVE SUITE 100 | | Check if addre | ess change | d | 2. Candidate's FEC Ider S0WI00197 | tification Number | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This No | | Γ | |
| | APPLETON | | W | /I 549 | 12 | Statement (N |) OR (A) | | |
| 4. | Party Affiliation | 5. Office Sou | ght | | 6. State & Distr | rict of Candidate | | _ | |
| | REPUBLICAN PARTY | Senate |) | | WI | | | | |
| | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | Thereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) | | | | | | | | |
| | NOTE: This designation should be f | iled with the ap | ppropriate off | ice listed in | the instructions. | | | | |
| | (a) Name of Committee (in full) RON JOHNSON FOR SENATE, INC. | | | | | | | | |
| | (b) Address (number and street) PO BOX 1159 | | | | | | | _ | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | OSHKOSH | | | | WI | 54903 | | | |
| | DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) | | | | | | | | |
| 8. | 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. | | | | | | | | |
| | NOTE: This designation should be f | iled with the pr | rincipal campa | aign comm | ttee. | | | | |
| | (a) Name of Committee (in full) WISCONSIN SENATE FUND | | | | | | | | |
| | (b) Address (number and street) C/O RED CURVE SOLUTION | S | | | | | | _ | |
| | 138 CONANT ST, 2ND FL | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | BEVERLY | | | | MA | 01915 | | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | | | | | |
| Si | gnature of Candidate | | | | | Date | | _ | |
| | DHNSON, RON, HAROLD, MR., | | | [Elé | ctronically Filed] | 07/15/2021 | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | |
| | | | | | | | | | |
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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| | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

| 3. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | | | |
|--|---|----|-------|--|--|--|--|--|--|
| | (a) Name of Committee (in full) | | | | | | | | |
| | RON JOHNSON VICTORY | | | | | | | | |
| | (b) Address (number and street) 138 CONANT STREET 2ND FLOOR | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | BEVERLY | MA | 01915 | | | | | | |
| 3. | hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | | | |
| | (a) Name of Committee (in full) 2021 SENATORS CLASSIC COMMITTEE | | | | | | | | |
| | 2021 SENATORS CLASSIC COMMINITTEE | | | | | | | | |
| | (b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115 | | | | | | | | |
| | (c) City, State, and ZIP Code | | _ | | | | | | |
| | ALEXANDRIA | VA | 22314 | | | | | | |
| 3. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) CORNYN VICTORY COMMITTEE | | | | | | | | |
| | (b) Address (number and street) PO BOX 13026 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | AUSTIN | TX | 78711 | | | | | | |
| B. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |